

**CITY OF COLUMBUS
AFSCME UNION REPRESENTATIVE
REQUEST FOR LEAVE FOR UNION BUSINESS**

NAME: _____ **DATE:** _____

In accordance with Article 6 of the collective bargaining agreement, this completed document shall act as notification of and a request for authorization to absent myself from my regular job duties or worksite to conduct the Union business described below.

Expected **Expected** **Destination**
Date: _____ **Start** _____ **AM/PM** **Ending** _____ **AM/PM** **& Phone #** _____

FOR THE PURPOSE OF:

___ Steward Training ___ QWL Committee ___ Department QWL Committee

___ Employee Contact

___ Answer Telephone Inquiry ___ Management Inquiry by _____

___ Complaint Investigation Issue: _____

Resolved? Yes ___ No ___ If no, Grievance No. assigned _____

___ Representative of employee under investigation ___ Disciplinary Meeting

___ Grievance Hearing Grievance No. _____ ___ Step 1 ___ Step 2

___ Other _____

___ Check here if this form is submitted to document the cumulative time spent today responding to short phone inquiries or in-person conversations initiated by others. All other situations require prior approval of the supervisor.

 Union Representative's Signature

 Date

 Designated Management Representative

 Date

Actual Hours Charged
to Union Leave _____

Union
Representative's
Initials _____

Designated Management Rep.
Initials _____

Original: Immediate Supervisor forwards to Payroll
 Copy to: Union Representative